RESPONSE NEEDED DUE TO:

NEED RESPONSE BY:

CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.

Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county where the hearing took place, with a copy of the form directed to the appropriate CalFresh Bureau unit manager.

5.

DATE OF REQUEST:

	✓ Policy/Regulation Interpretation		10/30/13	11/8/13
		6.	COUNTY/ORGANIZATION:	
	☐ Fair Hearing		Butte County	William 14.1.
	Other:	7.	SUBJECT: Expedited Calfresh	
	REQUESTOR NAME: Dianna George	8.	REFERENCES: (Include ACL/ACIN, o NOTE: All requests must have a reg	ourt cases, etc. in references) ulation cite(s) and/or a reference(s).
3.	PHONE NO.: 530-879-3522	-	ACIN I-14-11 ACIN I-14-11	<u> </u>
	REGULATION CITE(S): 63-502.1			
}.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):			
	When determining whether a HH is eligible to ES CF is SSI/S eligibility for ES?	oor	rincome considered gross inc	come and used to determine
10.	REQUESTOR'S PROPOSED ANSWER:			
	No it is not used because SSI/SSP is exempt income.			
1.	STATE POLICY RESPONSE (CFPB USE ONLY):			
	No. MPP Section 63-402.226 defines SSI/SSP recipients as instructs counties to determine the allotment of the household nonhousehold members at MPP Section 63-503.45. Regular SSI/SSP recipients shall not be considered available to the h when determining eligibility for expedited service.	d in tion	which they reside in accorda s at MPP Section 63-503.45	nce with the requirements for specify that the income of
	FOR CDS			
TAC	E RECEIVED: D.	ATE	RESPONDED TO COUNTY/ALJ:	
F 24	(7/12)	***************************************		PAGE 1

RESPONSE NEEDED DUE TO:	5. DATE OF REQUEST: NEED RESPONSE BY:		
Policy/Regulation Interpretation			
□ QC	6. COUNTY/ORGANIZATION:		
Fair Hearing			
Other:	7. SUBJECT:		
REQUESTOR NAME:	REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s)		
PHONE NO.:			
REGULATION CITE(S):			